



Commonwealth of Kentucky KY Medicaid

KyHealth Net Dental Companion Guide

Version 6.2

Revised October 8, 2010

Revision History

Document Version	Date	Name	Comments
1.0	12/27/2006	Patti George	Created.
2.0	12/27/2006	Ron Chandler	Review and format.
2.1	01/29/2007	Patti George	Updates per DMS walkthrough.
3.0	02/09/2007	Lize Deane	Formatted according to KY standards.
3.1	02/26/2007	Michelle Goins	Updated with latest information.
4.0	02/26/2007	Patti George	Updates.
5.0	03/06/2007	Ann Murray	Updated according to comments.
6.0	10/20/2008	Cathy Hill	Updated screens and text as directed.
6.0	3/12/2009	Cathy Hill	Changed text references from KyHealth Choices to KY Medicaid
6.1	4/28/2010	EDI	Revised per EDI.
6.2	10/6/2010	Martha Senn Marilyn Surratt Stayce Towles	Revised per EDI.
6.2	10/8/2010	Martha Senn Marilyn Surratt Stayce Towles Ron Chandler	Remove PHI. Format to DMS standards.

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1 To Create a New Provider user account for KYHealthnet.

The user creating the KY Healthnet account should be the office manager or someone deemed responsible for accessing provider information. A pin number is required to create a user account. The EDI Helpdesk will assign a pin number to each KY Medicaid provider id.

1.1 How to receive your Pin number:

1. Go to KY Medicaid Website www.kymmis.com ;
2. Click on **Electronic Claims**;
3. Click on **Frequently Asked Questions**;
4. Click on the hyperlink at the bottom of page last paragraph first sentence for pin release form (user instructions included);
5. Complete the attached **PIN Release form** and return to EDI Helpdesk **along with a copy of a valid driver's license** via e-mail or fax. Include your phone # and e-mail address and someone will contact you with your **PIN** and website information;
6. Fax your PIN Release form to: 502-209-3242 or 502-209-3200
7. E-mail your form to: ky_edi_helpdesk@hp.com
8. The HP EDI department will respond within 2 business days via email:
9. The Pin release email example is below :

From: Jane.doe@hp.com

Sent: Monday, August 9, 2010 10:30 AM

To: Daisy.Duck@anywhere.com

Subject: KY Medicaid pin release request

To create a KY Health Net account user the following information:

Provider id = XXXXXXXXXX

PIN # = XXXXXXXXXX

To create a KYHealth Net account, access <https://public.kymmis.com/pinletter/>

To access the user account: <http://home.kymmis.com/>

The password expires every 30 days. A reminder is sent on the 20th day to update the password.

To change your password click on Account Management, Change my password.

In the future you can do the following:

If the account user password is expired click on 'Forgot my password' button on the sign in page under password to complete a password update. This function only works if a security question is linked to the account.

If you have questions contact the EDI Helpdesk at 800.205.4696 or KY_EDI_Helpdesk@hp.com.

1.2 Creating a New Account

1. Enter the provider ID (KY Medicaid provider id or Group id); and,
2. Enter the PIN number assigned.

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Create New Account

Enter your Provider ID and temporary PIN provided to you in the letter.

Provider ID

PIN

KyHealth Choices
Account Migration

For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Contact Us
Privacy | Disclaimer | Individuals with Disabilities

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3. User Agreement to Terms of Service window will display,
4. Click the 'Yes, I agree' or "No, I do not agree" button.

Create New Account

You must agree to the terms below before creating an account.

USER AGREEMENT

This User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the Commonwealth of Kentucky Cabinet for Health and Family Services ("CHFS"), Department of Medicaid Services ("DMS"), and users who sign up for an account on this website (hereinafter "User"), the aforementioned being a licensed health care provider or an entity who acts on behalf of a licensed health care provider.

WHEREAS, User renders certain professional health care services ("Services") to members of employer groups and individuals, and submits documentation of those Services to DMS; and,


WHEREAS, DMS, in its implementation of the Medicaid program in Kentucky, provides to health care companies such as User a System of operational and informational support to respond to provider inquiries to exchange certain claims and billing information through electronic communications and through the Internet (hereinafter the "System");

WHEREAS, while performing its services User may be given access to, or may be exposed to, certain confidential or Individually Identifiable Health Information or Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. §6801, *et seq.* (the "GLB Regulations");

WHEREAS, User desires to utilize the System provided by DMS, and DMS desires to provide the System and related services and support to User, as defined and according to

Do you agree to the terms of service as stated above?

5. Enter the data On the “Create New Account” Form

**Create New Account**

KyHealth Choices
Kentucky Medicaid Web Site
For assistance, email us at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

First Name	hp instit
Middle Name	
Last Name	KYHealthnet

Address Line 1	656 Chamberlin Ave
Address Line 2	edi
City	frankfort
State	ky
Zip Code	40601

Phone Number	800-205-4696
--------------	--------------

E-Mail Address	
E-Mail Address (verify)	

Provider ID	
Provider NPI	
Provider Taxonomy ID	
Trading Partner ID	

E-Mail Address	
E-Mail Address (verify)	

Provider ID	
Provider NPI	
Provider Taxonomy ID	
Trading Partner ID	

Username	hpinst
Password	*****
Password (verify)	*****

Select a security question from the list below and provide an answer that you will remember. This question will help the Help Desk verify your identity if you need assistance.

Question	In what city were you born? (Enter full name of city only)
Answer	frankfort

* indicates required field.

Next

Contact Us

6. The “**Your account was successfully created**” window will display.



2 Signing into KyHealth Choices

2.1 Sign into KyHealth Choices

7. Access <https://home.kymmis.com>
8. Enter the username and password

The screenshot displays the Kentucky Medicaid Web Site. At the top, it reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "DEPARTMENT FOR MEDICAID SERVICES". Below this is the Kentucky logo with the tagline "UNBRIDLED SPIRIT". A sidebar on the left contains the text "Kentucky Medicaid Web Site" and contact information: "For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST." The main content area features a "Sign in to the KyHealth Choices" section with a bulleted list: "Manage your contact information", "Change your password", and "Providers: Manage your agent's access". Below this list, it states: "If you are a billing agent or you wish to complete a provider application you may register [here](#)." To the right is a "Sign in to KyHealth Choices" form with fields for "Username" and "Password", a "Sign In" button, and a link to "Reset your password". A "Help" link is also present. At the bottom, there is a "Contact Us" link, a footer with "Privacy | Disclaimer | Individuals with Disabilities", and a copyright notice: "Copyright © 2006 Commonwealth of Kentucky All rights reserved."

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Kentucky
UNBRIDLED SPIRIT

Kentucky Medicaid Web Site

For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Sign in to the KyHealth Choices

- Manage your contact information
- Change your password
- Providers: Manage your agent's access

If you are a billing agent or you wish to complete a provider application you may register [here](#).

Sign in to KyHealth Choices Help

Username

Password

Sign In

KyHealth Choices
[Reset your password](#)

Contact Us

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2.2 Accessing User Applications

1. Click on “Account Management” under “Application”.

The Administrator to the provider account can view or add Agents. An agent has limited access to change password or update security questions.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home

Friday 15 January 2010 1:46 pm [Sign Out](#)

hp instit KYHealthnet, Welcome to KyHealth Choices

Applications	
Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
KYHealthNet	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.

Messages	
Date	Message
10-23-09	During the Financial Cycle of Friday, 10/16/2009, there were several claims that were not processed. As a result, an additional Financial weekly cycle was processed last night, 10/21/2009. This cycle includes ALL claims finalized since 10/17/2009 plus the claims that did not process on 10/16/2009. The impact to any provider with finalized claims is that you will possibly receive a payment for the 10/21/2009 cycle and an additional payment for a smaller amount of claims (this will be only claims finalized on Thursday and Friday for the normal weekly cycle) in the 10/23/2009 Weekly cycle. In addition, any claim received and or processed after 10/17/2009 may not be paid due to the Cash Management Hold, currently set at 12 days.

Last Updated: 7/14/2009

2. Account Management screen displays;

The functionality available is

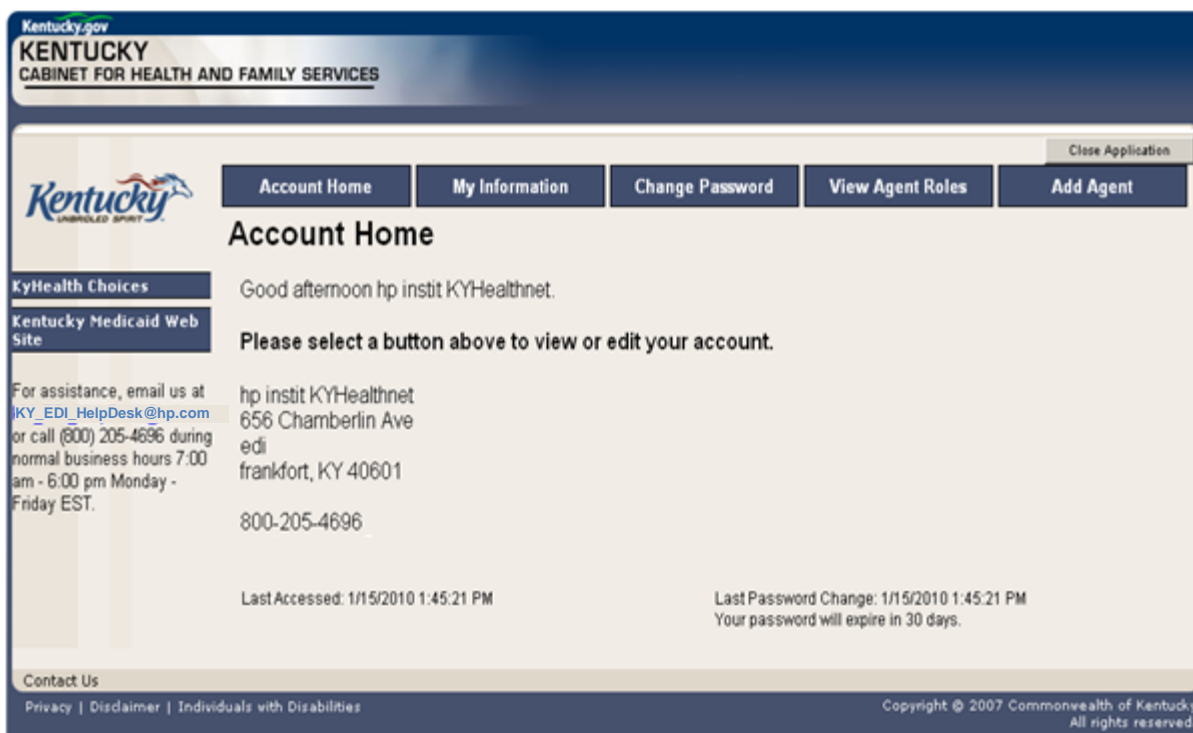
Account Home – click and return to home page (Admin and Agent)

My Information – allows user to update address, phone number and security question. (Admin and Agent)

Change Password – allows user to change the current password (Admin and Agent)

View Agent Roles – allows the provider administrator to view the roles granted to an agent.

Add Agent – allows the provider administrator to add agents.



3. click on the “My Information” button the following screen displays;

4. Scroll to the “Security Question & Answer” section;

5. Select the security question;

6. Enter the answer;

7. Click on Save.

For assistance, email us at KY_ED1_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Name

First Name	hp instit
Middle Name	
Last Name	KYHealthnet

Contact

Address Line 1	656 Chamberlin Ave
Address Line 2	edi
City	frankfort
State	KY
Zip Code	40601

Phone Number

800-205-4696

E-Mail Address

--

Security Question & Answer

Select a security question from the list below and provide an answer that you will remember.
This question will help the Help Desk verify your identity if you need assistance.

Question	In what city were you born? (Enter full name of city only)
Answer	frankfort

Cancel Save

Contact Us

2.2.1 How to Change the Password:

The account password expires every 30 days. A pink banner will display on the Home page with a countdown of days prior to password expiration beginning with 10. The user will receive an email notification from MEUPS prior to the expiration on the 20th day.

8. Click on the “Change Password” button;
9. Complete form;
10. Click the “Change Password” button.

The screenshot shows the 'Change Password' page of the Kentucky Cabinet for Health and Family Services. The page has a blue header with the Kentucky logo and navigation tabs: 'Account Home', 'My Information', 'Change Password' (selected), 'View Agent Roles', and 'Add Agent'. A 'Close Application' button is in the top right. The main content area is titled 'Change Password' and instructs users to 'Fill out the form below to change your password. Your new password must:'. It lists three requirements: 'Have a length of at least 8 characters', 'Contain at least one number', and 'Contain both lower and uppercase letters'. The form includes three input fields: 'Old Password', 'New Password', and 'New Password (verify)'. Below these are 'Cancel' and 'Change Password' buttons. A sidebar on the left contains 'KyHealth Choices', 'Kentucky Medicaid Web Site', and contact information for the KY EDI HelpDesk. The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and a copyright notice for 2007.

2.2.2 Email examples of password reminder and account change notification

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]

Sent: Friday, July 16, 2010 1:30 PM

To: Doe, Jane

Subject: PASSWORD EXPIRATION REMINDER: 10 days left

Sensitivity: Confidential

Kentucky user Jane Doe,

Your Medicaid system account password will expire in 10 days on Monday, July 26, 2010. Please change your password before then to ensure uninterrupted system access.

Please contact the EDS helpdesk at [KY EDH_HelpDesk@hp.com](mailto:KY_EDH_HelpDesk@hp.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

MO

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]
Sent: Wednesday, August 18, 2010 2:00 PM
To: Doe, Jane
Subject: ACCOUNT CHANGE NOTIFICATION
Sensitivity: Confidential

Kentucky user Jane Doe,

KyHealth Choices sends you this account change notification for your information. No action on your part is required. The following changes have been made recently against your systems account:

Date of Change	Description
----------------	-------------

Aug 18 2010 1:30PM	Account access has been reinstated
-----------------------	------------------------------------

Aug 18 2010 1:32PM	Password changed
-----------------------	------------------

Please contact the EDI helpdesk at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST if you have questions about any of these changes.

KyHealth Choices

2.3 Viewing Agent Roles

“View Agent Roles” button user may see the “No agents found” screen as shown below when no agents have been added to the provider account.

(Shown for provider admin and billing agent user accounts)

The screenshot shows the 'View Agent Roles' page. At the top, there's a header with 'Kentucky.gov' and 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below this is a navigation bar with buttons: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles' (which is highlighted), and 'Add Agent'. A 'Close Application' button is in the top right. On the left, there's a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site'. The main content area has the title 'View Agent Roles' and instructions: 'Use this screen to manage the roles for your agents. To edit the user's permissions, select the user by browsing below.' It then displays 'No agents found.' with a message: 'You are not sharing permissions to any agents. To begin the process of giving access to your agents, click on the Add Agent button above.' A footer contains contact information and a copyright notice for 2007.

2.4 Add an Agent or New Employee.

(For provider admin and billing agent user accounts)

Enter email address of agent to search or create an account.

The screenshot shows the 'Add Agent' page. It has the same header and navigation bar as the previous screen. The main content area is titled 'Add Agent' and says: 'Use this screen to add access to an agent for your application. Enter the email address of the agent you are adding access to your application and click search.' There is a text input field for the email address and a 'Search' button. The footer is identical to the previous screen.

2.4.1 No Email Address Found: Create Username

1. Complete the fields boxed in red below,

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COMMONWEALTH OF KENTUCKY

Account Home | My Information | Change Password | View Agent Roles | Add Agent

Add Agent

Use this screen to add access to an agent for your application.

Enter the email address of the agent you are adding access to your application and click search.

For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Search

An agent with the email address you specified was not found in the system. Please verify that the address is correct.

Fill out the fields below with the agent's information to create a new agent account in the system.

Email Address

Email Address (verify)

First Name

Last Name

Username

Phone

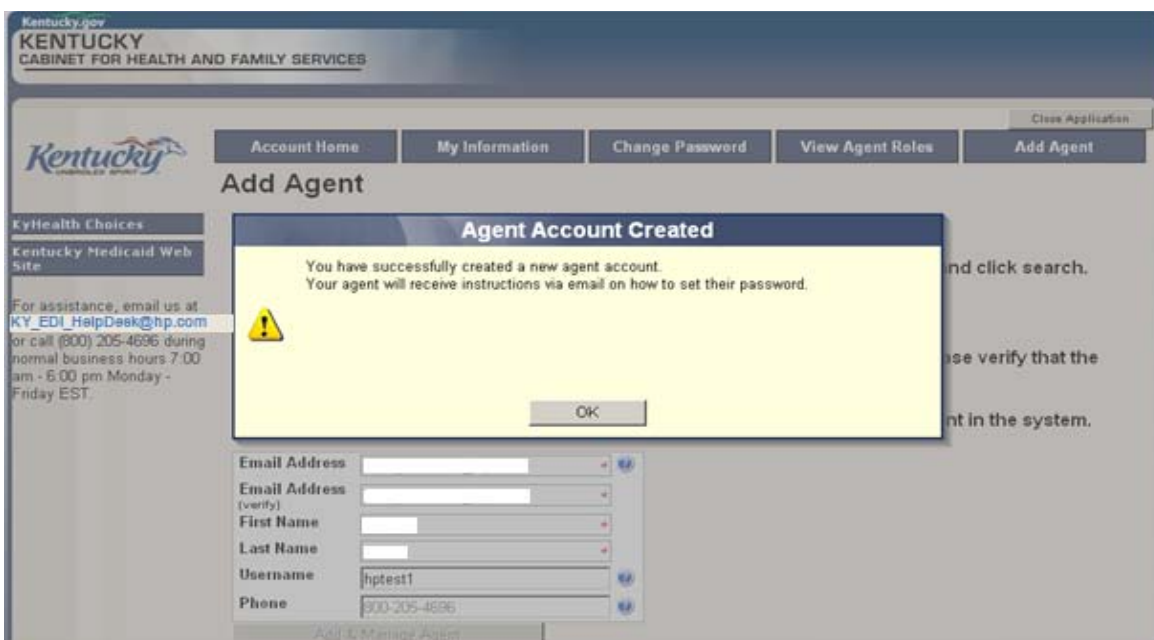
Add & Manage Agent

Contact Us | Privacy | Disclaimer | Individuals with Disabilities

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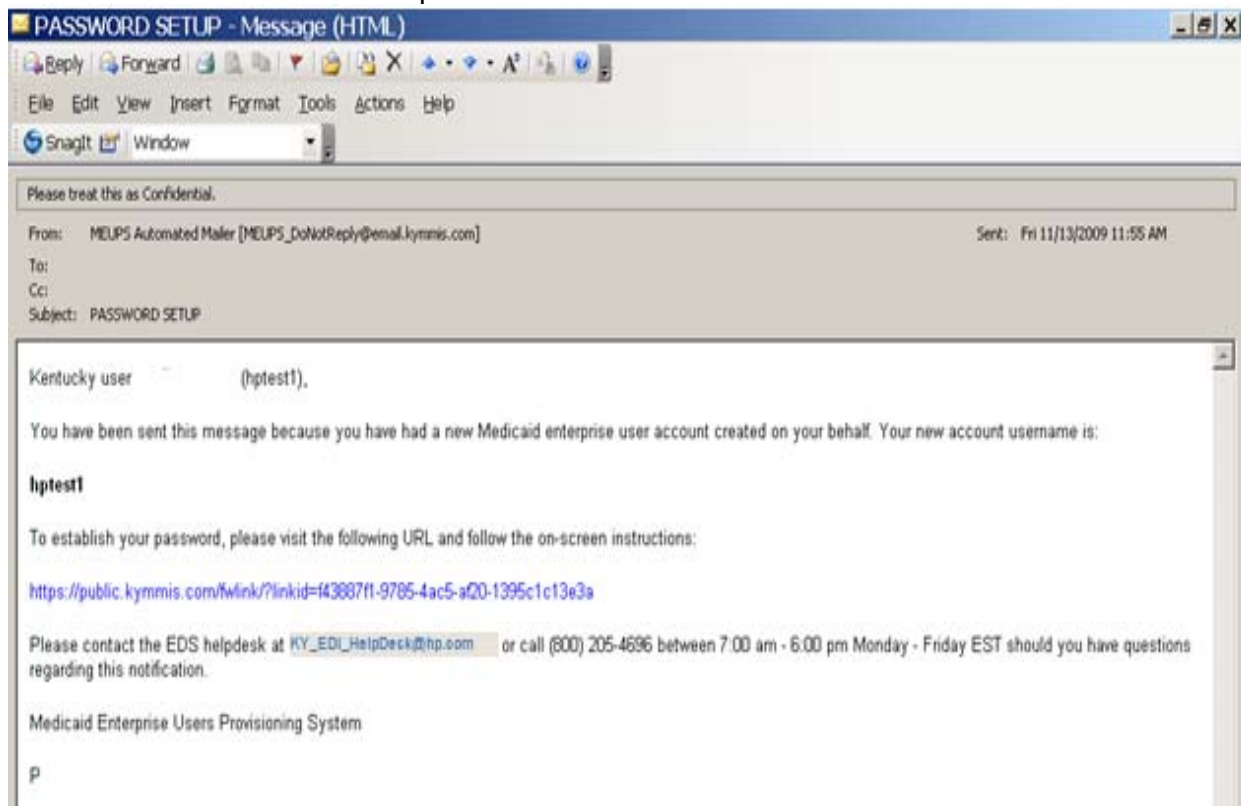
2. Click "Add & Manage Agent" button.

3. The “Agent Account Created” window appears and;



4. User will receive an email as shown below:

Automated MEUPS email Example:



5. When user clicks the link in the email (example above), the “Terms of Service User Agreement window appears as shown below;

6. User must click "I agree" in order to proceed.

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KyHealth Choices

Kentucky Medicaid Web Site

For assistance, email us at KY_EDT_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Terms of Service

You must agree to the terms below before delegating permissions.

USER AGREEMENT

This User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the Commonwealth of Kentucky Cabinet for Health and Family Services ("CHFS"), Department of Medicaid Services ("DMS"), and users who sign up for an account on this website (hereinafter "User"), the aforementioned being a licensed health care provider or an entity who acts on behalf of a licensed health care provider.

WHEREAS, User renders certain professional health care services ("Services") to members of employer groups and individuals, and submits documentation of those Services to DMS; and,

WHEREAS, DMS, in its implementation of the Medicaid program in Kentucky, provides to health care companies such as User a System of operational and informational support to respond to provider inquiries to exchange certain claims and billing information through electronic communications and through the Internet (hereinafter the "System");

WHEREAS, while performing its services User may be given access to, or may be exposed to, certain confidential or Individually Identifiable Health Information or Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. §6801, *et seq.* (the "GLB Regulations");

WHEREAS, User desires to utilize the System provided by DMS, and DMS desires to provide the System and related services and support to User, as defined and according to

Do you agree to the Terms of Service as stated above?

Close Application

2.5 Manage Agent Roles

1. Allows user to add and/or remove roles from the agent;
2. Click on the “KYHealthNet”link.

The screenshot shows a web application titled 'Manage Agent Roles' under the 'Kentucky Cabinet for Health and Family Services' header. The interface includes a navigation bar with links: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. A 'Close Application' button is in the top right. On the left, there is a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site' links, along with contact information for KY_EDL_HelpDesk@hp.com. The main content area displays 'Agent Details' for an agent named 'edi test edi test' with an 'Active' status. Below this, there is a 'Remove All Roles' button. Two numbered steps are shown: '1 Select the system to modify access' and '2 Modify the permissions for selected system'. Under step 1, a 'System' dropdown menu is open, showing 'Account Management' and 'KYHealthNet' as selectable options. Under step 2, a 'Roles' dropdown menu is visible but empty.

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

Agent Details

Name	edi test edi test	Account Status	Active
Email Address			
Address			
Telephone	800-205-4696		
Account Owner	hp instit KYHealthnet (hpinst),		

Remove All Roles

1 Select the system to modify access

System

Select Account Management

Select KYHealthNet

2 Modify the permissions for selected system

Roles

Contact Us

3. Notice the **2** Modify the permissions for KYHealthNet" section opens;
4. Roles are granted or removed in this section

Kentucky
UNBROKEN SPIRIT

Account Home | My Information | Change Password | View Agent Roles | Add Agent

Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

Agent Details

Name	edi test edi test	Account Status	Active
Email Address			
Address			
Telephone	800-205-4696		
Account Owner	hp instit KYHealthnet (hpinst),		

[Remove All Roles](#)

1 Select the system to modify access

System	
Select	Account Management
Select	KYHealthNet

2 Modify the permissions for KYHealthNet

Roles

- ☐ Card Issuance
- ☐ Claims Inquiry
- ☐ Claims Submission (Dental)
- ☐ Claims Submission (Institutional)
- ☐ Claims Submission (Professional)
- ☐ KenPAC Referral Confidential Message Inquiry
- ☐ KenPAC Referral Confidential Message Submit
- ☐ KenPAC Referral Inquiry
- ☐ KenPAC Referral Submit
- ☒ Eligibility Verification
- ☐ LTC Claims
- ☒ PA Inquiry
- ☐ PA Submission
- ☐ Pharmacy History
- ☐ Presumptive Eligibility
- ☐ Pricing
- ☒ Ra Viewer
- ☒ TPL Carrier

[Save Changes](#)

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5. Click the "Save Changes" button to save modifications;
6. The screen returns "Successful..."

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

✓ Successful adding role of 'Eligibility Verification' for system 'KYHealthNet'

Agent Details

Name	edi test edi test	Account Status	Active
Email Address			
Address			
Telephone	800-205-4696		
Account Owner	hp instit KYHealthnet (hpinst).		

Remove All Roles

1 Select the system to modify access

System	
Select	Account Management
Select	KYHealthNet

2 Modify the permissions for KYHealthNet

Roles	
<input type="checkbox"/>	Card Issuance
<input type="checkbox"/>	Claims Inquiry
<input type="checkbox"/>	Claims Submission (Dental)
<input type="checkbox"/>	Claims Submission (Institutional)
<input type="checkbox"/>	Claims Submission (Professional)

For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

3 Accessing KY Health Net

1. On the “KyHealth Choices Home” page click on the “KYHealth Net” link;

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home
Friday 15 January 2010 2:12 pm [Sign Out](#)

hp instit KYHealthnet, Welcome to KyHealth Choices

Applications	
Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
KYHealthNet	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.

Messages	
Date	Message
10-23-09	During the Financial Cycle of Friday, 10/16/2009, there were several claims that were not processed. As a result, an additional Financial weekly cycle was processed last night, 10/21/2009. This cycle includes ALL claims finalized since 10/17/2009 plus the claims that did not process on 10/16/2009. The impact to any provider with finalized claims is that you will possibly receive a payment for the 10/21/2009 cycle and an additional payment for a smaller amount of claims (this will be only claims finalized on Thursday and Friday for the normal weekly cycle) in the 10/23/2009 Weekly cycle. In addition, any claim received and or processed after 10/17/2009 may not be paid due to the Cash Management Hold, currently set at 12 days.

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2. Verify Provider – NPI – Taxonomy in drop down box

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Provider Main Page
Friday 15 January 2010 2:13 pm

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider [Switch Working Provider](#)

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)

4 Functionality

Roles are granted by the administrator; if user (agent account) does not have access to one of the following tabs contact the administrator of the account.

Provider Home – Displays all functionality user has access

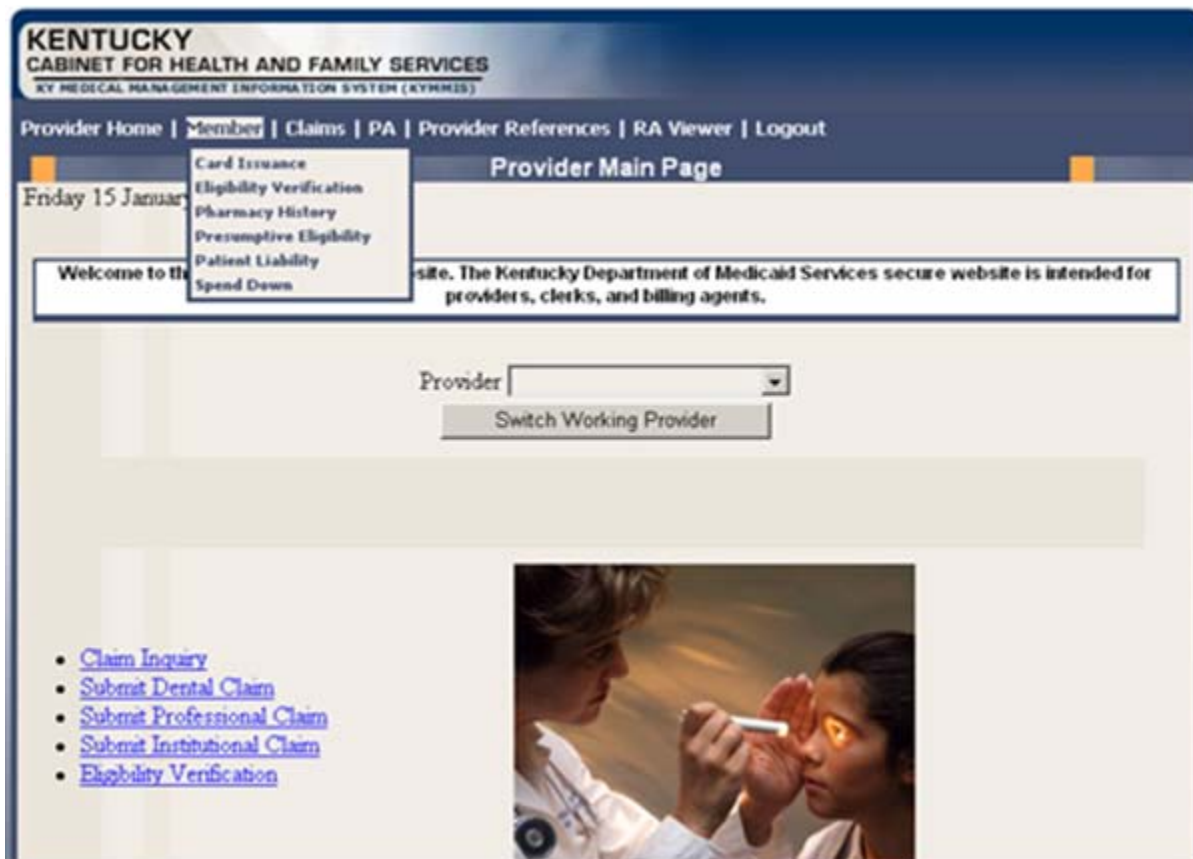
Member – User has access to Card Issuance, Eligibility Verification, Pharmacy History, Presumptive Eligibility, Patient Liability and Spend down.

Claims – Claim inquiry and Submit Dental claim

PA - PA Checklist, Radiology Prior Auth Proc Code list, PA letter and PA Inquiry

Provider References – Reference Search, TPL Carrier and Documentation

RA Viewer – allows user to view 6 months of RA.



Included in the next pages is Member selections Card Issuance:

1. Enter the Member ID or SSN# and click the "Search" button to find the Medicaid card issue date.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Card Issuance

Thursday 19 November 2009 08:05 am

Member ID:

SSN:

Search

Last Updated: 4/30/2009

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The card issuances dates include begin and end dates along with issue type

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Card Issuance

Wednesday 18 August 2010 3:18 pm

Member ID:

SSN:

Search

Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
07/21/2010		08/01/2010	09/01/2010	Kenpac	KISS	Yes
06/21/2010		07/01/2010	08/01/2010	Kenpac	KISS	Yes
05/19/2010		06/01/2010	07/01/2010	Kenpac	KISS	Yes
04/21/2010		05/01/2010	06/01/2010	Kenpac	KISS	Yes
03/22/2010		04/01/2010	05/01/2010	Kenpac	KISS	Yes
02/17/2010		03/01/2010	04/01/2010	Kenpac	KISS	Yes
02/17/2010	R	02/01/2010	03/01/2010	Regular	KISS	Yes
02/04/2010	R	02/01/2010	03/01/2010	Regular	KISS	Yes
02/04/2010	R	01/01/2010	02/01/2010	Regular	KISS	Yes
09/21/2009		10/01/2009	11/01/2009	Kenpac	KISS	Yes
08/20/2009		09/01/2009	10/01/2009	Kenpac	KISS	Yes
07/31/2009		08/01/2009	09/01/2009	Regular	KISS	No
07/27/2009	R	07/01/2009	08/01/2009	Regular	KISS	No
11/17/2008		12/01/2008	01/01/2009	Kenpac	KISS	No
10/22/2008		11/01/2008	12/01/2008	Kenpac	KISS	No
09/19/2008		10/01/2008	11/01/2008	Kenpac	KISS	No
08/20/2008		09/01/2008	10/01/2008	Kenpac	KISS	No
07/22/2008		08/01/2008	09/01/2008	Kenpac	KISS	No
06/19/2008		07/01/2008	08/01/2008	Kenpac	KISS	No
05/20/2008		06/01/2008	07/01/2008	Kenpac	KISS	No
04/21/2008		05/01/2008	06/01/2008	Kenpac	KISS	No
03/20/2008		04/01/2008	05/01/2008	Kenpac	KISS	No
02/20/2008		03/01/2008	04/01/2008	Kenpac	KISS	No
01/22/2008		02/01/2008	03/01/2008	Kenpac	KISS	No
01/09/2008	R	01/01/2008	02/01/2008	Regular	KISS	No
11/19/2007		12/01/2007	01/01/2008	Kenpac	KISS	No
10/22/2007		11/01/2007	12/01/2007	Kenpac	KISS	No
09/19/2007		10/01/2007	11/01/2007	Kenpac	KISS	No
08/22/2007		09/01/2007	10/01/2007	Kenpac	KISS	No
07/20/2007		08/01/2007	09/01/2007	Kenpac	KISS	No
06/20/2007		07/01/2007	08/01/2007	Kenpac	KISS	No
05/21/2007		06/01/2007	07/01/2007	Kenpac	K.A.H.G.E.S.	No

5 Member Eligibility Verification

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Member Eligibility Verification

Thursday 19 November 2009 08:05 am

Provider:

Select Lookup Type:

[Contact Us](#)

[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#)

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Last Updated: 4/30/2009

5.1 To Search Select Lookup Type:

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Member Eligibility Verification

Thursday 19 November 2009 08:06 am

Provider:

Select Lookup Type:

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Last Updated: 4/30/2009

An example of member eligibility verification

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Member Eligibility Verification

Wednesday 18 August 2010 3:25 pm

Provider:

Select Lookup Type:

Member ID:

From Date of Service: To Date of Service:

Verification No. 102300232L - 8/18/2010 Status: A

Member

Current ID: Last Name: First Name: Date of Birth:
 Old ID: Check Digit: 3 Gender: F Date of Death:
[Other IDs](#) Phone Number:
 SSN: County Code: 076 County Name:
 Address:
 City: State: KY Zip Code:
 Hospice Election Date:
 Medicare A: Medicare B:
 Case Number: Case Name:

Eligibility
[Eligibility 5 Year History](#)

Benefit Plan	Program Code	Program Status	From Date of Service	To Date of Service
Glbl Chces - Mand Pop NoCoplay	I	P3	08/18/2010	08/18/2010

Program Code	Program Status	Coplay Indicator	Poverty Indicator
I -Prg wmn & inf w/in <185% or chl <19 w/in <=200%	P3 - 185% FPL	N	Y

Note: POV_IND - An 'N' in this field indicates that the member is at or below 100% of the federal poverty level. If the indicator is 'N' you may not refuse to provide services for no payment of co pays. If the indicator is 'Y' you may refuse to provide services for non-payment of co pays if this is the current business practice for all patients.
Please note that the Medicare Savings benefit package, which includes QMB (program code Z), SLMB (program code ZL) and QII (Program code ZJ), is not full Medicaid coverage. This benefit package is for members who have Medicare and KY Medicaid pays their Medicare premiums. Of this group, those with Program Code Z or QMB are also eligible for co pays and deductibles.

Service Limitation
[Service Limitation 5 Year History](#)

No current coverage for date of service entered.

Coplay/Coinsurance/Cost Share
[Coplay/Coinsurance/Cost Share 5 Year History](#)

Note: Cost Share Met - An indicator of 'Y' in this field indicates that the member has met the cost sharing limit for the quarter and is no longer subject to co-payments for the remainder of the quarter.

No current coverage for date of service entered.

TPL
[TPL 5 Year History](#)

No current coverage for date of service entered.

Partnership (Passport)
[Partnership \(Passport\) 5 Year History](#)

No current coverage for date of service entered.

KenPAC
[KenPAC 5 Year History](#)

Provider Name	Site Phone #	From Date of Service	To Date of Service
		08/18/2010	08/18/2010

Lockin
[Lockin 5 Year History](#)

No current coverage for date of service entered.

Waiver
[Waiver 5 Year History](#)

5.2 View Pharmacy Claim History

The screenshot shows a web application interface for the Kentucky Cabinet for Health and Family Services. The header includes the organization's name and the system acronym (KYMMIS). A navigation bar contains links for Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The main title is 'Pharmacy Claims History'. Below the title, a timestamp indicates the page was last updated on Thursday, September 2, 2010, at 2:39 pm. A note states that pharmacy information is updated every two weeks. A disclaimer clarifies that only paid claims are listed, excluding denied, suspended, or pending claims. A search function is provided with a 'Member ID:' label, an input field, and a 'Search' button. The footer contains a 'Contact Us' link, additional links for Privacy, Disclaimer, and Individuals with Disabilities, and a copyright notice for 2005.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Pharmacy Claims History

Thursday 2 September 2010 2:39 pm

Note: Pharmacy information is updated every two weeks.

Disclaimer: Claims shown are paid claims only. Denied, suspended or waiting to be paid claims will not be listed.

Member ID:

[Contact Us](#) Last Updated: 7/1/2010

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6 Spend down

1. Enter the Member ID or SSN# and click the "Search" button to find the spend down data.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Spend Down

Thursday 19 November 2009 08:08 am

Member ID: SSN:

Last Updated: 4/30/2009

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Spend Down

Friday 20 August 2010 12:21 pm

Member ID: SSN:

Member			
DOB: 07/04/1965	Member ID:		
DOD: 09/04/2009	Name:		

Spend Down			
Begin Date	End Date	Amount	Balance
03/10/2009	04/30/2009	\$396.52	\$396.52
05/01/2009	07/31/2009	\$3,915.00	\$0.00
08/01/2009	10/31/2009	\$3,915.00	\$0.00

Last Updated: 7/1/2010

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7 PA - Prior Authorization

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | **PA** | Provider References | RA Viewer | Logout

Friday 13 November 2009 12:04 pm


Prior Authorization Checklist
Radiology Prior Auth Proc Code List
Prior Authorization Letter
PA Inquiry

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider:

You currently receive paper and electronic RA, in an effort to go green would you like to discontinue Paper RA?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)



PA Letters

Search by provider only or by a specific member

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Prior Authorization (PA) Letters

Wednesday 18 August 2010 3:55 pm

Search Criteria

Provider: Member ID:

Letter Type:

Date Sent:

Last Updated: 7/1/2010

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7.1 PA Letter list

Select the member letter under letter type

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Prior Authorization (PA) Letters

Wednesday 18 August 2010 3:58 pm

Search Criteria

Provider: Member ID:

Letter Type:

Date Sent:

Letter Type	Member ID	Member Name	Request Date	Sent Date
Other PA Types (Provider Only)			01/25/2009	01/26/2009
Other PA Types (Provider Only)			08/15/2008	08/17/2008
				1

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Last Updated: 7/1/2010

7.2 PA Inquiry

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Prior Authorization Inquiry

Wednesday 18 August 2010 4:03 pm

Provider:

Transaction ID: Member ID: PA Category:

SSN: Last Name: First Name:

Start Date: Type: Submitted

Last Updated: 7/1/2010

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A PA search is completed by entering:

Transaction ID – is the PA number; or

Member ID; or

SSN; or

Name of member; or

Start date is required with all search criteria

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Prior Authorization Inquiry

Friday 20 August 2010 12:27 pm

Provider:

Transaction ID: Member ID: PA Category:

SSN: Last Name: First Name:

Start Date: 07/07/2009 Type: Submitted

Transaction ID	Member ID	SSN	Last Name	First Name	PA Category
					Inpatient Hospital

Last Updated: 7/1/2010

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Selecting Search returns the Transaction ID, click to open the PA. Click on the next button to view the Summary page.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

PA Summary

Friday 20 August 2010 12:29 pm

[Header](#) > [Diagnosis](#) > [Details](#) > [Summary](#)

Header

Requesting Provider Number:

PA Category: **Inpatient Hospital**

Servicing Provider Number:

Nursing Facility Type:

Member ID:

Diagnosis Code: **1490**

Last Name:

First Name:

MI: **K**

Emergency: **N**

Admission Date: **07/07/2009**

Accident: **N**

Discharge Date:

Special Consideration: **N**

Case Management/Disease Management

Indicator:

Program:

Level:

Detail

Line Item Number	Status	Procedure Code	Revenue Code	Req. Eff. Date	Req. End Date	Req. Units	Req. Amount
01	A		100	07/07/2009	07/07/2009	1	0

Finish

8 Provider References

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Wednesday 18 August 2010 4:24 pm

Reference Search
TPL Carrier
Documentation

Main Page

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Contact Us

Last Updated: 7/1/2010

8.1 Reference Search

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Reference Search
Eligibility listed does not guarantee payment of a claim.

Wednesday 18 August 2010 4:25 pm

Provider

Choose Search Type

Procedure Code*

Benefit Plan* CCEBA - Compr Chces - Exp Pop Bas ABI

Date Of Service*

Search

Contact Us

Last Updated: 7/1/2010

Enter the procedure code and date of service, select the Benefit Plan click Search. The response will return the Limitation for the date of service.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Reference Search
Eligibility listed does not guarantee payment of a claim.

Friday 20 August 2010 12:39 pm

Provider

Choose Search Type

Procedure Code Benefit Plan

Date Of Service

Procedure 99213: - Compr Chces - Exp Pop Exp Bas with copay

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Not Restricted to any Type/Speciality

Procedure 99213: - Compr Chces - Exp Pop Exp Bas with copay

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 85/000

Procedure 99213: - Compr Chces - Exp Pop Exp Bas with copay

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 80/000

Procedure 99213: - Compr Chces - Exp Pop Exp Bas with copay

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 20/000

8.2 TPL Carriers

Enter a insurance company to find the mailing addresses Medicaid has on file.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

TPL Carriers

Friday 20 August 2010 12:47 pm

Business Name:

[Contact Us](#)

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Enter the TPL Carrier select Search; the response will return all carrier information on file.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

TPL Carriers

Friday 20 August 2010 12:50 pm

Business Name: MEDICARE

Code	Business Name	Address	Telephone #
555555	MEDICARE D	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
777777	MEDICARE A	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
888888	MEDICARE B	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
P00000	MEDICARE PART B	NO ADDRESS AVAILABLE PROVIDER RECOUPMENTS ANYTOWN, KY 99999-9999	

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Last Updated: 7/1/2010


8.3 Provider References Documentation

Select Documentation for additional provider resources available at www.kymmis.com

[Kentucky.gov](#)
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

Search: [Go](#) [Advanced Search](#)

[kymmis](#) > [Provider Relations](#) : Index




Contact Information
Forms
F.A.Q.
Provider Letters
Provider Workshop
HIPAA Status
NPI
Provider Billing Instructions
DDE User Manuals

Department for Medicaid Services
Home
Phone Directory
Provider Directory
Provider Relations
Electronic Claims
HIPAA
Companion Guides
Medicaid Preferred Drug List

Contact Information
If you need assistance, contact us by sending an e-mail to the following address:
[KY EDI HelpDesk](#)

Provider Resources



Provider Relations is the first line contact for medical provider's questions. The area consists of trained, skilled staff who respond to both written and telephonic inquiries.

Please refer to the [DMS Provider Enrollment](#) website for specific forms and documentation required for enrollment.

The Provider Relations area is available for service 8:00 a.m. until 6:00 p.m. ET, Monday through Friday.

Page Updates

June 4, 2010
ATTENTION ALL PROVIDERS
On **June 15, 2010** The Centers for Medicare & Medicaid Services (CMS) will host a national provider conference call on this important subject: **"ICD-10 Implementation in a 5010 Environment"**. It is very important that all providers be informed on this subject. You are strongly encouraged to access this link and **learn how to register by June 14 to participate in this event.**

Friday, February 12, 2010
[Provider Representative Listing \(PDF\)](#)

Thursday, October 22, 2009
[Provider Representative Listing \(PDF\)](#)

Tuesday, September 2, 2008
[Provider Representative Listing \(PDF\)](#)

Tuesday, May 6, 2008
[FAQ regarding NPI Registration](#)

Friday, April 25, 2008
[NPI Readiness Letter](#)

Tuesday, April 15, 2008
[Provider Representative Listing \(PDF\)](#)

Tuesday, April 1, 2008
[EOB Codes Listing \(PDF\)](#)

May 23, 2007
[Changes Encountered with New MMIS](#) (05/23/2007)
[New CMS 1500 Claim Form for Atypical Providers](#) (05/11/2007)
[NPI Contingency for CMS-1500](#) (05/11/2007)
[NPI Contingency for UB-04](#) (05/11/2007)
[NPI Contingency for ADA](#) (05/11/2007)

[A78 Denied Claims](#)
August 11, 2006
[KyHealth Choices - Prior Authorization Requirements A-70.doc](#) (08/10/06)
[Frequently Asked Questions for the "Prior Authorization" Provider Letter Dated July 14, 2006](#) (07/31/06)
To help expedite prior authorization requests, see [KyHealth Choices - Prior Authorization Information](#) (08/02/06)

Includes:

- [KyHealth Choices - Kentucky Medicaid Program Update](#) (07/14/06) - Information on new prior authorization requirements and the DMS Communication Resource Guide;
- [KyHealth Choices Prior Authorization Call Checklist](#) (08/02/06) - Instructions and interactive response prompts about your prior authorization requests; and
- [Radiology Services that Require Prior Authorization](#) (08/01/06).

Thank you for your attention to this announcement

[Contact Us](#) | [Site Map](#)
[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#)

Last Updated 8/8/2005
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9 RA Viewer

The screenshot shows the 'Provider Main Page' of the KYMMIS system. At the top, the header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'Provider Main Page'. A welcome message states: 'Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.' Below this is a 'Provider' dropdown menu and a 'Switch Working Provider' button. A central image shows a doctor examining a child's eye. To the left of the image are links for 'Claim Inquiry' and 'Eligibility Verification'. A warning box at the bottom states: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer includes 'Contact Us' and 'Last Updated: 7/1/2010'.

Click RA Viewer to review the remittance advice. RA Viewer holds 6 months of RA displaying the most current at the top of the screen. Each RA can be downloaded to the desktop or saved to a folder.

Verify the provider NPI and Taxonomy if using an agent or billing agent account. A drop down box is available for these accounts. Select the applicable provider to view.

The screenshot shows the 'RA Viewer' page of the KYMMIS system. The header is identical to the previous page, but the page title is 'RA Viewer'. A 'Provider' dropdown menu is present. A red instruction box states: 'Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.' Below this are 'Search' and 'Print' buttons. A warning box at the bottom states: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.', and 'Last Updated: 7/1/2010'.

Select the applicable Run Date

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | **RA Viewer** | Logout

Friday 20 August 2010 1:11 pm

RA Viewer

Provider

Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.

Report Name	Provider Number	Run Date	Load Date
08/13/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-13-2010	8-14-2010
08/06/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-6-2010	8-9-2010
07/30/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-30-2010	7-31-2010
07/23/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-23-2010	7-26-2010
07/16/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-16-2010	7-19-2010
07/09/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-9-2010	7-12-2010
07/02/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-2-2010	7-6-2010
06/25/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		6-25-2010	6-26-2010
06/18/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		6-18-2010	6-19-2010
06/16/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		6-16-2010	6-16-2010

1 2 3

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

9.1 Claims

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

Provider Home | Member | **Claims** | PA | Provider References | RA Viewer | Logout

Friday 13 November 2009

Welcome to the Kentucky

Claims Inquiry
Claims Submission (Dental)
Claims Submission (Professional)
Claims Submission (Institutional)
LTC Roster/Submittal
DRG Letter

Main Page


Department of Medicaid Services secure website is intended for
and billing agents.

Provider

Switch Working Provider

You currently receive paper and electronic RA, in an effort to go green would you like to
discontinue Paper RA?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)



9.2 Claim Inquiry:

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Claim Inquiry:
Friday 20 August 2010 1:24 pm

Provider:

Search Criteria

Member ID: Claim Status:

Patient Acct. #: Date Type: ☒ Date Of Service ☐ Warrant Date

ICN or TCN: From Date: Thru Date:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
	07/07/2009	08/28/2009	11/20/2009	\$444,580.46	Paid		INPATIENT CLAIMS

No Unfinished Claim Records Found

Last Updated: 7/1/2010

Contact Us | Privacy | Disclaimer | Individuals with Disabilities | Copyright © 2005 Commonwealth of Kentucky All rights reserved.

Select the applicable NPI and Taxonomy if using an agent or billing agent account.

Enter Member ID and From Date/Thru Date or Patient Acct #

ICN – Enter ICN and remove From Date/Thru Date

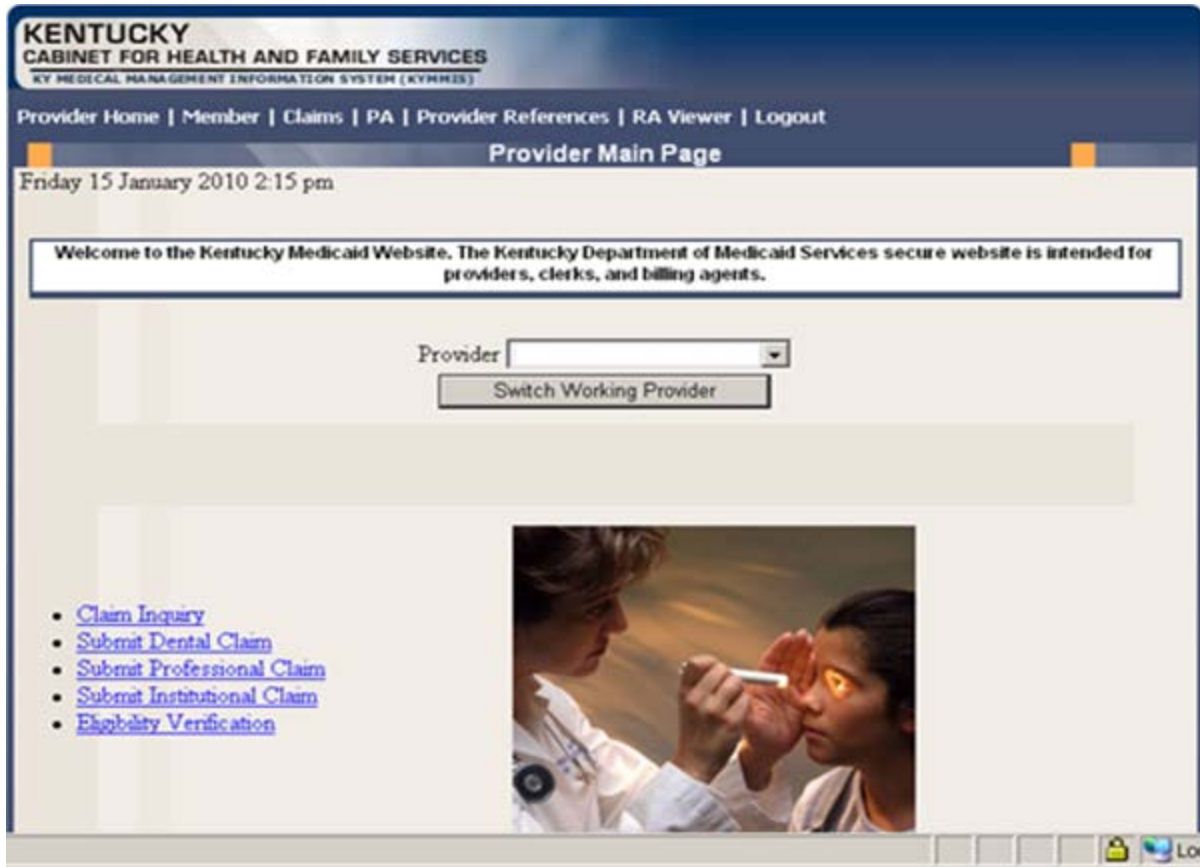
Claim Status – Any Status, Paid, Denied and Suspended

Date of Service – is a search for claim using the dates of service entered or

Warrant Date – Warrant Date should read as RA date

Unfinished claims – is a claim not completed but save for future submission

9.3 Submitting Dental Claim



The screenshot shows the 'Provider Main Page' of the Kentucky Medicaid website. The header includes the Kentucky Cabinet for Health and Family Services logo and the KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS) text. A navigation bar contains links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'Provider Main Page' and the date/time is 'Friday 15 January 2010 2:15 pm'. A welcome message states: 'Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.' Below this is a 'Provider' dropdown menu and a 'Switch Working Provider' button. A list of links is provided: Claim Inquiry, Submit Dental Claim, Submit Professional Claim, Submit Institutional Claim, and Eligibility Verification. A photograph of a dentist examining a patient's teeth is also visible. The Windows taskbar at the bottom shows the 'Loc' icon.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Provider Main Page


Friday 15 January 2010 2:15 pm

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)



9.4 Verify Provider Box

Verify the correct NPI and taxonomy display; click on next

The screenshot displays the 'Dental Claim' verification page within the KYMMIS system. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. A date indicator shows 'Thursday 7 Octo'. A dropdown menu is open, listing options: Card Issuance, Eligibility Verification, Pharmacy History, Presumptive Eligibility, Patient Liability, and Spend Down. The main content area features a 'Provider' label followed by a dropdown menu. Below this, a text block informs providers that as of May 23, 2008, KY Medicaid will deny claims submitted with a legacy provider ID, unless they have an NPI number on file with Ky Medicaid. At the bottom of the main area are 'Next' and 'Print' buttons. The footer contains a 'Contact Us' link and the text 'Last Updated: 9/15/2010'.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Thursday 7 Octo

Card Issuance
Eligibility Verification
Pharmacy History
Presumptive Eligibility
Patient Liability
Spend Down

Dental Claim

Provider

Are you a provider that will require a NPI number on May the 23? If so, do you have it on file with Ky Medicaid? If not, please take a moment and contact First Health Services to register your NPI at (800)-639-5195. As of May 23, 2008, KY Medicaid will deny all claims submitted with a legacy provider id.

Next

Print

Contact Us

Last Updated: 9/15/2010

9.5 Dental Claim

9.5.1.1 Dental Claim Header

First Column Billing Information

Second Column Service Information

Please follow Billing Instructions for Claim type when completing fields.

Appendix B: Web site link for All Medicaid Billing Instructions

Below are instructions for completing the fields

9.5.1.2 Below this screen are instructions for filling in the blocks

Field#	Field Description	Definition of Field Description
1	Provider Number	Enter the Kentucky Health Choices NPI number. This field is auto-populated based on the previous screen selection.
2	Member ID*	Enter the Member's Kentucky Health Choices ID number. The * indicates that this is a mandatory field.
3	Last Name	The member's Last name. This field is auto-populated after the member number is entered.
4	First Name	The member's First name. This field is auto-populated after the member number is entered.

Field#	Field Description	Definition of Field Description
5	Date of Birth	The member's date of birth. This field is auto-populated after the member number is entered.
6	Gender	The member's Gender. This field is auto-populated after the member number is entered.
7	Patient Account #	Enter the provider-assigned patient account number. This field is optional.
8	Insurance Denied?	Paper bill with attachment
9	Prior Authorization	If the service requires Prior Authorization, enter the 10 digit PA number here.
10	Service Information	Identifies the "Service Information" section of the Header screen.
11	Emergency	If the service is the result of an emergency, choose "yes" from the drop down menu. If not, leave the default selection, "no."
12	Accident	If the service is the result of an accident, choose the type of accident from the drop down menu. If not, leave the default selection, "none."
13	Accident Date	If anything other than "none" is selected from the Accident drop down menu, enter the date of the accident. If a date is entered indicating an accident, the claim must be filed on paper rather than electronic.
14	EPSDT	If the service is the result of an EPSDT screening, choose "yes" from the drop down menu. If not, leave the default selection, "no."
15	Place of Service	Select the appropriate Place of Service from the drop down menu.
16	Rendering Provider	Select the Kentucky Health Choices rendering NPI number and matching taxonomy that is in the drop down box. The * indicates that this is a mandatory field.
17	Claim Charges	Identifies the "Claim Charges" section of the Header screen.
18	Total Charges	This field will be auto-populated after detail charges are entered in the detail screen.
19	TPL Amount	This field will be auto-populated after detail TPL payments are entered in the detail screen.
20	Total Amount Paid	This field will be auto-populated after all charges and payments are entered in the detail screen.
21	Next	Click the Next button to continue to the detail screen.

9.5.1.3 Dental Claim Detail Screen

Below are instructions for filling in the fields.

The screenshot shows the 'Dental Claim' screen with the following fields and controls:

- Header:** Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
- Date:** Wednesday 25 November 2009 11:58 am
- Section:** Header > Details
- Detail Information:**
 - Item:** 1
 - DOS*:** [Date field]
 - Place of Service*:** [Drop-down menu]
 - Procedure*:** [Text field]
 - Tooth Number:** [Text field]
 - Surfaces:** [Text field]
 - Quadrant:** [Drop-down menu]
 - Prosthesis:** [Drop-down menu]
 - Cavity Codes:** [Text field]
 - Units*:** 1.00
 - Charges*:** 0.00
 - Status:** [Text field]
 - Allowed Amount:** 0.00
 - Warrant Amount:** 0.00
- Buttons:** Save, Add, Delete, Next, Print
- Footer:** Contact Us, Last Updated: 11/24/2009

Field#	Field Description	Definition of Field Description
1	Detail Information	Identifies this as the "Detail Information" section of the Details screen.
2	Item	Line number of the detail. This field is auto-populated.
3	DOS*	Enter the date the service was provided. The * indicates that this field is required.
4	Place of Service	Select the appropriate place of service from the drop down menu.
5	Procedure*	Enter the ADA procedure code that identifies the service provided. The * indicates that this field is required.
6	Tooth Number	Enter the tooth number on which the procedure was performed (if applicable).
7	Surfaces	Enter the tooth surface on which the procedure was performed (if applicable).
8	Quadrant	Use the drop down menu to select the quadrant, if applicable.
9	Prosthesis	Use the drop down menu to select the prosthesis, if applicable.
10	Cavity Codes	Enter Arch code
11	Units*	Enter the number of units (1 is the default value). The * indicates that this field is required.

Field#	Field Description	Definition of Field Description
12	Charges*	Enter the usual and customary charge for the procedure. The * indicates that this field is required.
13	Status	Status of the claim (if you are accessing a previously submitted claim).
14	Allowed Amount	The amount allowed by Kentucky Health Choices (paid claims only).
15	Warrant Amount	Total amount of the check.
16	Save	Saves the detail line on the claim.
17	Add	Allows user to add an additional detail line.
18	Delete	Allows user to remove the detail line previously entered.
19	Next	Click on next to continue to the detail screen.
20	Print	Allows user to print this screen.

9.5.1.4 Dental Summary Screen

Below are instructions for filling in the fields.

Verify the Summary and Click on "Submit Claim".

Options are at the bottom of each claim to void claim, adjust claim, and submit claim and print claim.

Header > Details > **Summary** 1

Billing Information 2 Provider Number Member ID Last Name First Name Date of Birth Gender F Patient Acct. # Insurance N Denied? Prior Authorization	Service Information 3 Emergency N Accident EPSDT N Place of Service Office Rendering Provider Accident Date Claim Charges 4 Total Charges 181.00 TPL Amount 0.00 Total Amount Paid 0.00
--	---

Details 5

Item	Date Of Service	Procedure Code	Units Billed	Charges
1	05/03/2009	D7250	1.00	181.00

Last Updated: 11/24/200

Contact Us

Field#	Field Description	Definition of Field Description
1	Summary	Identifies this as the "Summary" screen.
2	Billing Information	Identifies this section as the "Billing Information" section of the Summary screen.
3	Service Information	Identifies this section as the "Service Information" section of the Summary screen.
4	Claim Charges	Identifies this section as the "Claim Charges" section of the Summary screen.
5	Details	Identifies this section as the "Details" section of the Summary screen. (Click on the Detail number to return to that detail).

9.5.1.5 Adjust or Void Claim Screen

To adjust or void a paid claim select Claims Inquiry enter member information and dates of service or enter the ICN of the claim. Click on the Next button to advance, correct the information. Save the updated information then click on the Adjust button. To Void a claim follow the same process to find the claim then select the Void button. If the claim does not show a Adjust or Void Claim button the claim was previously adjusted or void.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Dental Claim

Thursday 7 October 2010 12:58 pm

[Header](#) > [Details](#) > [Summary](#)

Claim Status	Paid
Claim ICN	
Paid Date	20100827
Allowed Amount	63.10
Spenddown Amount	

Detail EOB Description

#1

9918 PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

Detail EOB Description

#2

9918 PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

[Click here for EOB Code listing](#)

Billing Information	Service Information
Provider Number <input type="text"/>	Emergency <input type="text" value="No"/>
Member ID* <input type="text"/>	Accident <input type="text" value="None"/> Accident Date <input type="text"/>
Last Name <input type="text"/>	EPSDT <input type="text" value="No"/>
First Name <input type="text"/>	Place of Service* <input type="text" value="Office"/>
Date of Birth <input type="text" value="09/25/2003"/>	Rendering Provider* <input type="text"/>
Gender <input type="text" value="F"/>	
Patient Acct. # <input type="text"/>	
Insurance Denied? <input type="text" value="No"/>	
Prior Authorization <input type="text"/>	

Claim Charges
Total Charges <input type="text" value="85.00"/>
TPL Amount <input type="text" value="0.00"/>
Total Amount Paid <input type="text" value="63.10"/>

1 Next

2 Adjust 3 Void Claim 4 Print

Contact Us

Last Updated: 9/15/2010

Field#	Field Description	Definition of Field Description
1	Next	Will navigate the user through the claim.
2	Adjust	To adjust a paid claim make the correction and click save when a save button is available.
3	Void Claim	To reverse a paid claim click on Void.
4	Print	Allows user to print this screen.

Appendix A:

9.5.2 Forms

Web site link for blank PIN Release form:

www.kymmis.com

Click on electronic claims

Click on frequently asked questions

Read *What is KYHealthnet*

Click on link for PIN Release Form

9.5.3 Billing Instructions

www.kymmis.com

Click on Provider Relations

Click on Billing Instructions

Click on Dental

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